

ESF # 8 – PUBLIC HEALTH AND MEDICAL SERVICES

Participating Departments/Agencies:

Nebraska Health and Human Services System (HHSS)
Department of Health and Human Services (HHS)
Division of Mental Health, Substance Abuse and Addiction Services
Regulation and Licensure Program
Critical Incident Stress Management Program
Nebraska Department of Environmental Quality (NDEQ)
Nebraska Department of Agriculture (NDOA)
Nebraska Emergency Management Agency (NEMA)
Nebraska Game and Parks Commission
Nebraska Department of Education
Nebraska Military Department
Nebraska Department of Roads (NDOR)
University of Nebraska System
Volunteer Organizations Active in Disasters (VOAD)
American Red Cross (ARC)
Nebraska Association of Hospitals and Health Systems
Nebraska health Care Association /Nebraska Assisted Living Association
Nebraska Nurses Association
Nebraska Society of Health System Pharmacists
Nebraska Funeral Directors Association
Nebraska Infection Control Network

INTRODUCTION: The purpose of the Health and Medical Services Emergency Support Function (ESF) is to provide coordinated assistance to supplement local resources in response to public health, medical care and mental health needs following a disaster event. The Health and Human Services System will provide a representative to serve as the Nebraska Emergency Management Agency (NEMA) designated ESF Coordinator (ESFC) for ESF #8. In the event of a potential or real disaster event, the State Emergency Operation Center (SEOC) will notify the ESFC. Upon SEOC request, the ESFC will be available to coordinate public health, mental health and medical-related requests with the ESF #8 Public Health Response Coordinator, the ESF #8 Medical Support Coordinator and the ESF #8 Mental Health Coordinator.

I. PUBLIC HEALTH RESPONSE

A. Purpose

1. To coordinate the public health resources needed to supplement local resources in response to public health needs before, during, and following a Governor's emergency proclamation.

2. To provide supplemental assistance to local entities in identifying and meeting the health needs of victims of a major emergency or disaster. This support is categorized in the following areas:
 - a. Assessment of public health needs,
 - b. Disease Control/Epidemiology,
 - c. Public health equipment and supplies,
 - d. Coordinate food safety information,
 - e. Identification and consultation on radiological/chemical/biological hazards,
 - f. Public health information release,
 - g. Vector control/monitoring,
 - h. Potable water, wastewater, and solid waste disposal,
 - i. Consultation on health needs of special populations.

B. Situation and Assumptions

1. A significant natural disaster or manmade event that overwhelms local government may require state public health assistance. In addition to direct assistance, the state may be required to provide leadership and coordination in carrying out emergency response efforts in the areas of public health issues. For Nebraska the most probable event would be a series of tornadoes and/or major floods.
2. These events may require relocation of victims into temporary shelters; which may require public health expertise in vector control, availability of potable water, wastewater control, and problems with solid waste facilities.
3. Damage to chemical and industrial plants, sewer lines and water distribution systems, and secondary hazards such as fires, may result in environmental and public health hazards to the surviving population including exposure to hazardous materials and contaminated water supplies, crops, livestock, and food products.
4. Events involving Chemical, Biological, and Radiological Terrorism will follow the Terrorism Annex of the State Emergency Operation Plan.
5. Incidents involving release of radioactive material will follow the Nebraska Radiological Emergency Response Plan.

C. Concept of Operations/Activation

1. In support of Emergency Support Function (ESF) #8, the Health and Human Services System (HHSS), will provide a representative to serve as the designated Public Health Coordinator for ESF #8.
2. In the event of a potential or real disaster event, the Public Health Coordinator will be notified by the ESFC. Upon ESFC request, the Public Health Coordinator will be available to respond to public health-related requests submitted through the ESFC.
3. NEMA will consult with HHSS on the need to activate ESF #8, Public Health Response.
4. NEMA will notify HHSS upon activation of ESF #8.
5. When ESF #8 is activated, the Public Health Coordinator will identify which participating departments/agencies are needed, and take steps to insure that the departments/agencies are activated or on alert as appropriate.
6. All personnel and resources mobilized by ESF #8 will remain under the direction and control of the NEMA Response Section Chief, unless otherwise designated.

D. Operations

When NEMA activates ESF #8, the following operational requests may be made of participating responders. The extent of this response will vary depending on the scope of the disaster and the resources that are available to respond.

1. Evaluate public health assistance requests. All requests from appropriate local authorities for public health assistance will be assumed to be credible unless there is evidence to the contrary. Upon receiving conflicting or questionable requests, ESF #8 will attempt to confirm the actual needs.
2. Develop and update assessments of public health status.
 - a. Conduct general assessment of public health needs,
 - b. Ascertain need for on going health surveillance,
 - c. Determine need for additional public health personnel in mass casualty incidences,
 - d. Determine need for medical care in responding to public health concern,
 - e. Ascertain need for protective actions to preserve public health,

- f. Determine public health needs of special populations.
3. Utilize locally available resources to the extent possible to meet the public health needs identified by local authorities.
4. Identify additional in-state resources for public health.
5. Coordinate with ESF #6 (Mass Care) to provide public health services to evacuation shelters.
6. Respond to requests for public health assistance with:
 - a. Environmental Health,
 - b. Epidemiology,
 - c. Communicable Disease,
 - d. Laboratory Service.
7. Coordinate communication on public health concerns.
8. Deploy public health personnel/teams from the state assets as needed and appropriate.
9. Coordinate with other ESF teams in responding to a disaster.
10. Responding agencies will maintain accurate and extensive logs to support after-action reports and other documentation of the disaster conditions.

E. Organizational Roles and Responsibilities

The following agencies may be called upon to assist with the associated duties to the extent that response resources are available:

1. Department of Health and Human Services System (HHSS)
 - a. Provide overall coordination and leadership for Public Health Response.
 - b. Provide information and technical assistance on communicable disease and epidemiology.
 - c. Provide assessment of public health needs in the disaster area.
 - d. Assist with Vector control and monitoring.
 - e. Assist with identification and consultation in situations involving possible radiological/chemical/and biological agents.

- f. Coordinate releases of Public Health information to the media.
 - g. Assist with identification of potable water.
- 2. Department of Environmental Quality
 - a. Assist with identification of chemical agents and provide consultation for clean up.
 - b. Assist with problems of wastewater and solid waste disposal.
 - c. Cooperate with HHSS in releasing public health information.
- 3. Department of Agriculture
 - a. Coordinate food safety awareness.
 - b. Cooperate with HHSS in release of public information regarding foodstuffs.
- 4. American Red Cross consults with HHSS on public health needs in carrying out mass care responsibilities.
- 5. University of Nebraska System
 - a. Provide appropriate resources to assist with a public health response through the following:
 - 1) NU Center for Biosecurity at UNMC
 - 2) Nebraska Public Health Laboratory at UNMC-under contract with NHHSS
 - 3) UNMC Radiation Health Center- under contract with OPPD/NPPD
 - 4) Student Health Services at UNK, UNL, UNO, and UNMC
 - 5) Institute of Agriculture and Natural Resources (IANR)
 - a) Co-operative Extension
 - b) Plant Pathology
 - c) UNL Veterinary Science Department
 - 6) Expanded role of medical, nursing, physician assistants and other students to assist NHHSS in a public health response plan

- 7) Develop and maintain a public website for information on bioterrorism
- 8) UNMC/UNO cooperative education program to train public health professionals through the MPH program

F. Additional Resources

ESF #8 will utilize personnel and resources from participating departments/agencies to respond to mission assignments related to emergencies/disasters. Additional resources available at other ESF's may be coordinated and mobilized to support ESF #8 missions. When requests exceed the state's capability to respond, additional resources (i.e. federal resources, contractual agreements, and mutual aid agreements) will be mobilized. All personnel and resources mobilized by ESF #8 will remain under the direction and control of the ESFC #8, unless otherwise designated.

II. MEDICAL SUPPORT

A. Purpose

1. To coordinate the medical resources needed to supplement local resources in response to medical care needs before, during, and following a Governor's emergency proclamation.
2. To provide supplemental assistance to local entities in identifying and meeting the health needs of victims of a major emergency or disaster. This support is categorized in the following areas:
 - a. Assessment of medical needs,
 - b. Medical care personnel,
 - c. Medical equipment and supplies,
 - d. Patient evacuation;
 - e. Coordinate in-hospital care,
 - f. Drug safety,
 - g. Coordinate statewide Emergency Medical Response,
 - h. Public health information release,
 - i. Victim identification/mortuary services,

j. Medical Command and Control (MSU).

B. Situation and Assumptions

1. A significant natural disaster or manmade event may result in death and injury to large numbers of people and overwhelm the capacity of local medical care and mortuary services.
2. Resources within the affected disaster area may be inadequate to clear casualties from the scene or treat them in local hospitals. Additional mobilized state capabilities may urgently be needed to supplement and assist local governments to triage and treat casualties in the disaster area and then transport them to the closest appropriate hospital or other health care facility.
3. In a major disaster area, it may be necessary to transport patients by air or ground to the nearest metropolitan areas with sufficient concentrations of available hospital beds where patient needs can be matched with the necessary definitive medical care.
4. Hospitals, nursing homes, pharmacies and other medical/health facilities may be severely damaged or destroyed. Those facilities, which survive with little or no structural damage, may be rendered unusable or only partially usable because of a lack of utilities (power, water, sewer) and/or the inability of staff to report for duty. Medical facilities remaining in operation may be overwhelmed with casualties following a disaster.
5. Medical supplies (including pharmaceuticals) and equipment may be in short supply because of damage to the facility and increased demand. Disruption in local communications and transport systems could prevent timely re-supply.
6. Uninjured persons who require daily medication for chronic disease/illnesses may have difficulty in obtaining medications because of damage or destruction of normal supply locations.
7. High casualty volumes may require activation of additional mortuary and victim identification services.

C. Concept of Operations/Activation

1. In support of Emergency Support Function (ESF) #8, the Health and Human Services System (HHSS) Chief Medical Officer or his/her designee, will serve as the Medical Support Coordinator for ESF #8.
2. In the event of a potential or real disaster event, the Medical Support Coordinator will be notified by the ESFC. Upon SEOC request, the Medical

Support Coordinator will be available to respond to medical-related requests submitted through NEMA.

3. NEMA will consult with HHSS on the need to activate ESF #8, Medical Support.
4. NEMA will notify HHSS upon activation of ESF #8.
5. When activation of the ESF #8 is implemented, the Medical Support Coordinator will identify which participating departments/agencies are needed, and take steps to insure that the departments/agencies are activated or on alert as appropriate.
6. All personnel and resources mobilized by ESF #8 will remain under the direction and control of the NEMA Response Section Chief, unless otherwise designated.

D. Operations

When NEMA activates ESF #8, the following operational requests may be made of participating responders. The extent of this response will vary depending on the scope of the disaster and the resources that are available to respond.

1. Evaluate and analyze medical care and mortuary needs, and the local capacity to respond to those needs.
2. Determine types and amount of additional medical personnel and equipment needed.
3. Ascertain the need for patient evacuations.
4. Respond to requests for:
 - a. Nursing Services,
 - b. Medical Support Services,
 - c. Medical Care Personnel,
 - d. Pharmaceutical Services,
 - e. Specialized Medical Equipment,
 - f. Laboratory Service,
 - g. Mortuary and Victim Identification Services.

5. Identify additional medical care personnel, facilities, equipment, and supplies that can be accessed and coordinate their deployment.
6. Utilize locally available medical resources to the extent possible to meet the needs identified by local authorities.
7. Determine if and when National Disaster Medical Systems assets need to be requested, and develop information needed for activation.
8. Coordinate with ESF #6 (Mass Care) to provide medical services to evacuation and special needs shelters.
9. Coordinate with ESF #8 Public Health Response for health surveillance.
10. Coordinate with other ESFs in responding to a disaster.
11. Responding agencies will maintain accurate and extensive logs to support after-action reports and other documentation of the disaster conditions.

E. Organizational Roles and Responsibilities

The following agencies may be called upon to assist with the associated duties to the extent that response resources are available:

1. The Nebraska Military Department

Through the Nebraska Emergency Management Agency, provides coordination of available military medical resources.

2. Health and Human Services System (HHSS)

Through the HHSS Chief Medical Officer or his/her designee, provide coordination of statewide medical care. Serves as State liaison with NDMS assets when activated (see attachment 1). Provides information to the media regarding medical health issues. Provides coordination and support through the Statewide Trauma Plan.

3. American Red Cross

Activate their network to support emergency relief functions. These activities shall be coordinated with the Chief Medical Officer or his/her designee.

4. Nebraska Association of Hospitals and Health Systems

Coordinate the location of available hospital facilities and equipment as needed during a disaster. Determine the need for activation of NDMS assets

and develop information needed for activation (See Appendix). These efforts shall be coordinated through the Chief Medical Officer or his/her designee.

5. Nebraska Health Care Association/Nebraska Assisted Living Association

Coordinate the location of available nursing homes for use as medical care facilities as needed during a disaster. These efforts shall be coordinated through the Chief Medical Officer or his/her designee.

6. Nebraska Medical Association

Assist in the location of available Doctors and Specialist as needed during a disaster. These efforts shall be coordinated through the Chief Medical Officer or his/her designee.

7. Nebraska Nurses Association

Assist in the location of available nursing staff to assist as needed during a disaster. These efforts shall be coordinated through the Chief Medical Officer or his/her designee.

8. Nebraska Society of Health-System Pharmacists

Assist in locating need medications and pharmacists as needed during a disaster. These efforts shall be coordinated through the Chief Medical Officer or his/her designee.

9. Nebraska Funeral Directors Association

Shall assist in locating personnel and materials needed to operate a morgue and support infection control efforts during a mass casualty event. These efforts shall be coordinated through the Chief Medical Officer or his/her designee.

F. Additional Resources

ESF #8 will utilize personnel and resources from participating departments/agencies to respond to mission assignments related to emergencies/disasters. Additional resources available at other ESFs may be coordinated and mobilized to support ESF #8 missions. When requests exceed the state's capability to respond, additional resources (i.e. federal resources, contractual agreements, and mutual aid agreements) will be mobilized.

III. BEHAVIORAL HEALTH RESPONSE & RECOVERY

A. Purpose

1. The purpose of Behavioral Health disaster response is to address mental health and substance use/abuse issues which may follow an emergency or disaster.
 2. The Nebraska Behavioral Health All-Hazards Disaster Response and Recovery Plan (hereafter: Behavioral Health All-Hazards Plan) is the primary document which details the Nebraska Health and Human Service System's Behavioral Health response and recovery procedures. According to the Behavioral Health All-Hazards Plan, the responsibilities of a behavioral health response are to:
 - a. Assist local government in the assessment of behavioral health needs.
 - b. Identify emerging behavioral health needs of the affected area.
 - c. Determine the extent of the local or regional behavioral health response that has been or is currently active
 - d. Procure and coordinate resources that may be required to meet the behavioral health needs of the affected area.
 - e. Coordinate with Behavioral Health disaster resources at the local and regional levels.
 - f. Coordinate services with other responding agencies to provide behavioral health services to emergency responders.
 - g. Coordinate with the State Joint Information Center to provide behavioral health information to those affected.
 - h. Monitor the deployment of behavioral health resources through the Nebraska Critical Incident Stress Management Program
 - i. Coordinate with Non-Governmental Organization deployment of behavioral health resources (e.g., American Red Cross)
 - j. Complete and submit the FEMA crisis counseling grant.
- B. Situation and Assumptions
1. A significant natural or manmade incident may incur temporary or long term psychological consequences.
 2. Behavioral health resources within the affected area may be inadequate to address the needs of the first responders and the public who are involved.

3. Disaster behavioral health services can help mitigate the severity of adverse psychological effects and help to restore social and psychological functioning of individuals, families, and communities.

C. Concept of Operations/Activation

1. In support of Emergency Support Function (ESF) #8, the Nebraska Health and Human Services System (HHSS) will provide a representative to serve as the designated Behavioral Health Disaster Coordinator for ESF # 8, Behavioral Health Response and Recovery, who will be able to implement the Behavioral Health All-Hazards Plan. See Attachment 1 for a list of designated State Behavioral Health Disaster Coordinators.
2. Nebraska's behavioral health response to disaster is organized by behavioral health region. Behavioral health coordinators are identified by each Regional Behavioral Health Authority, and are responsible for workforce development, deployment and tracking in their assigned geographic area. See Attachment 2 for a list of Regional Behavioral Health Disaster Coordinators designated by each Behavioral Health Region, and Attachment 3 for a map and contact information for Regional Offices.
3. In the event of a potential or real disaster event, the ESF#8 Coordinator may activate the State Behavioral Health Disaster Coordinator. This coordinator will be available to respond to disaster behavioral health-related issues as detailed in the Nebraska Behavioral Health All-Hazards Disaster Response and Recovery Plan.
4. The HHS Public Information Officer and the State Behavioral Health Disaster Coordinator will coordinate with the State Joint Information Center (JIC) to arrange for dissemination of information to the public about stress, mental health and substance abuse issues related to disaster recovery. If needed, the State Behavioral Health Disaster Coordinator may activate a pre-identified pool of experts in Risk Communication/Risk Assessment to assist with this function.
5. NEMA may be asked, through the ESF #8 Coordinator, to provide needs assessment information and updates to the State Behavioral Health Disaster Coordinator to aid in the completion of a FEMA Crisis Counseling Grant application in the event of a Presidential Major Disaster Declaration for Individual Assistance, and/or other grant applications which can potentially add behavioral health resources to the affected area in the absence of a Presidential Declaration for Individual Assistance. A needs assessment form is provided in Attachment 4.

D. Organizational Roles and Responsibilities

The following agencies may be called upon to assist with the associated duties to the extent that response resources are available:

1. American Red Cross (ARC) mental health function
 - a. Serves ARC workers and persons that come in contact with ARC-sponsored programs/services, such as ARC shelters, service centers and mass care sites.
 - b. Establishes and maintains linkages with local community resources, including the Regional Behavioral Health Authorities in order to coordinate responses to meet immediate needs, and to refer persons to existing providers for ongoing behavioral health services.
2. The Nebraska Critical Incident Stress Management (CISM) Program

Deploys volunteer CISM teams to provide short term behavioral health support for emergency responders and their families.
3. Regional Behavioral Health Authorities
 - a. Deploy and track licensed and non-licensed Behavioral Health workforce team members as part of disaster response and recovery.
 - b. Assist in the preparation of and assume responsibility for implementation of the FEMA Crisis Counseling Grant, if awarded
 - c. Maintain Regional plans for coordination of disaster response and recovery behavioral health resources with local public health, emergency management, and NGO's.

E. Additional Resources

ESF#8 will utilize personnel and resources from participating departments/agencies to respond to mission assignments related to emergencies/disasters. Additional resources available within other ESFs may be coordinated and mobilized to support ESF#8 missions. When requests exceed the state's capability to respond, additional resources (i.e. federal resources, contractual agreements, and mutual aid agreements) will be mobilized.

LIST OF ATTACHMENTS

| ATTACHMENT | ITEM | PAGE |
|------------|---|----------|
| 1 | Designated State Behavioral Health Disaster Coordinators | ESF 8-15 |
| 2 | Designated Regional Behavioral Health Disaster Coordinators | ESF 8-16 |
| 3 | Nebraska Behavioral Health Regions and Contact Information | ESF 8-17 |
| 4 | CMHS Needs Assessment Formula for Estimating Disaster Mental Health Needs Disaster | ESF 8-18 |
| APPENDIX 1 | National Disaster Medical System (NDMS) | ESF 8-19 |
| Attachment | | |
| 1 | National Disaster Medical System Activation Procedures | ESF 8-23 |
| APPENDIX 2 | Strategic National Stockpile Reception Plan | ESF 8-25 |
| Attachment | | |
| 1 | Flow Chart SNS | ESF 8-36 |
| APPENDIX 3 | Radioactive Materials Transportation Accident Plan (RAMTAP) | ESF 8-39 |
| Attachment | | |
| 1 | Responsibilities | ESF 8-49 |
| 2 | Radiological Transportation Accident Questions | ESF 8-58 |
| 3 | Protective Action Guides | ESF 8-60 |
| 4 | Federal Resources | ESF 8-65 |

Designated State Behavioral Health Disaster CoordinatorsDay-to-day Operations

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Nebraska Department of Health and Human
Services
Division of Behavioral Health
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Additional Designees

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Home: 402-467-3892
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Designated Regional Behavioral Health Disaster Coordinators**Region 1**

Lee Tyson
Emergency Services Coordinator
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Cell:
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Region 2

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Region 3

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Region 4

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Region 5

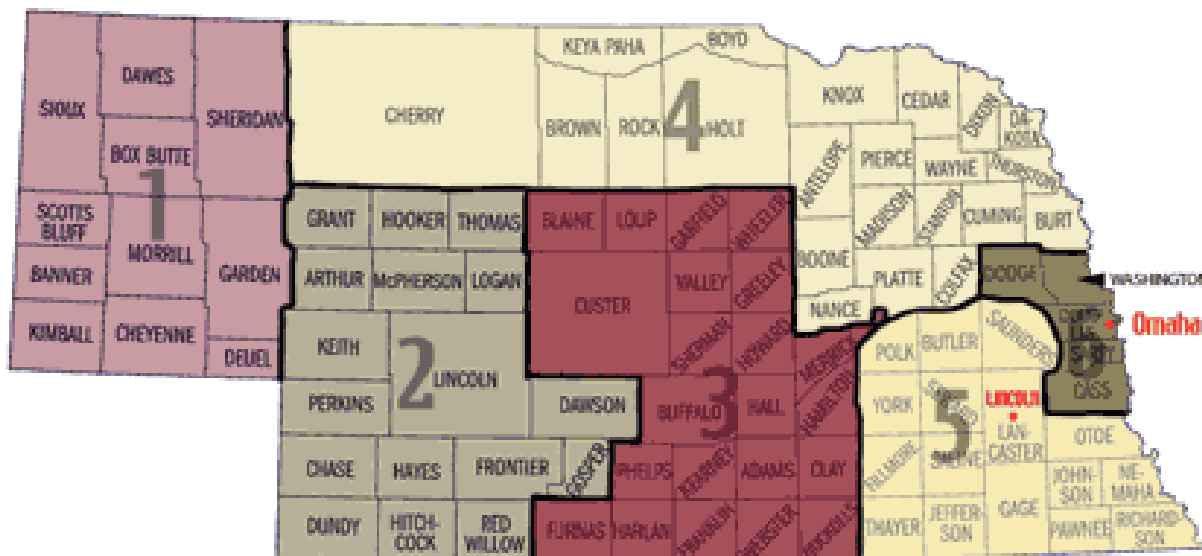
Kristin Nelson
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Region 6

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Nebraska Behavioral Health Regions & Contact Information



Regional Program Administrators:

Region 1:

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Region 2:

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Region 3:

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Region 6:

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**CMHS Needs Assessment Formula for
Estimating Disaster Mental Health Needs Disaster: FEMA XXXX-DR-NE**

Complete a separate table for each county affected.

| Loss Categories | Number of Persons | ANH | Range Estimated | Total |
|---|--------------------------|------------------------------|------------------------|--|
| Type of Loss | Number | Multiply by ANH ¹ | At-Risk Multiplier | Number of Persons Targeted per Loss Category |
| Dead | | | 100% | |
| Hospitalized | | | 35% | |
| Non-hospitalized Injured | | | 15% | |
| Homes destroyed | | | 100% | |
| Homes "Major Damage" | | | 35% | |
| Homes "Minor Damage" | | | 15% | |
| Disaster Unemployed | | | 15% | |
| (Others—Specify) | | | 10% | |
| Total estimated persons in need of crisis Counseling services (add total column) | | | | |

Date: _____

Completed By: _____

¹ ANH means **A**verage **N**umber of persons per **H**ousehold. This figure can be obtained on a county/parish/area basis from the Census Bureau. If the State is unable to determine the ANH for an area, then use the average figure of 2.5.

NATIONAL DISASTER MEDICAL SYSTEM (NDMS)

I. PURPOSE

The purpose of this Appendix is to provide the necessary information and procedures to enable the National Disaster Medical System (NDMS) to be activated and carry out its responsibilities and functions during any major disaster.

II. SITUATION & ASSUMPTIONS

A. SITUATION

The U.S. Department of Veterans Affairs Medical Center in Omaha, NDMS Coordinating Center for Nebraska, has established memoranda of understanding (MOU) with area hospitals which will accept patients during disaster situations. MOUs have also been created with other agencies to provide support during activation of the NDMS.

B. ASSUMPTIONS

The MOU should ensure the quick response of signatory agencies so that patient care in disaster situations will not be delayed.

III. CONCEPT OF OPERATIONS

A. GENERAL

1. The NDMS Operations Center has been entrusted with the coordination of area hospitals and support agencies which will receive patients in response to a major disaster, either in Nebraska or another state, when the medical capabilities of that affected region, state, or federal medical system have been exceeded.
2. In the event of a major disaster, the Governor of Nebraska, via the NEMA, may request federal assistance under the authority of the Disaster Relief Act of 1988, PL 100-707, as amended, and the President of the United States may make a declaration of an emergency or a major disaster. The Presidential Declaration triggers a series of federal responses, coordinated by the Federal Emergency Management Agency (FEMA), which may, when appropriate, include activation of the NDMS.

B. NATIONAL SECURITY EMERGENCY

In the event of a national security emergency, the Secretary of Defense, U.S. Department of Defense, would have the authority to activate the system. The NDMS may also be activated, with or without a presidential declaration, by a request from the State Health Officer to the Assistant Secretary for Health, U.S. Department of Health and Human Services (DHHS), under the authority provided by the Federal Public Health Services Act.

C. PHASES OF EMERGENCY MANAGEMENT

1. MITIGATION

- a. Obtain MOUs with all hospitals and support agencies.
- b. Maintain current listing of response capabilities.
- c. Maintain current listing of resources.
- d. Maintain contact with all supporting agencies.

2. PREPAREDNESS

During the preparedness phase, the NDMS Coordinating Center for Nebraska will proceed as follows:

- a. Conduct an annual NDMS exercise.
- b. Conduct regular NDMS briefings.
- c. Critique the NDMS exercises of other organizations or states.
- d. Provide technical assistance to other agencies.

3. RESPONSE

During the response phase, the NDMS Coordinating Center for Nebraska will:

- a. Ensure all supporting agencies are contacted.
- b. Ensure the reception area is ready to receive an influx of patients.
- c. Provide the news media with information on a scheduled basis.
- d. Maintain records of all activities.
- e. Maintain the status and location of each patient.

- f. Ensure bed reports are submitted.

4. RECOVERY

During the recovery phase, the NDMS Coordinating Center for Nebraska will:

- a. Determine final disposition of all patients.
- b. Ensure all discharged patients are returned to their place of origin.
- c. Provide input for improving NDMS during disaster operations.

IV. ASSIGNMENT OF RESPONSIBILITY

A. PHASE-I: Notification Only Activation of NDMS

- 1. Agencies or systems involved are as follows:
 - a. American Red Cross
 - b. Nebraska Department of Health and Human Services
 - c. Area hospitals
 - d. Lincoln Medical Response System (LMRS)
 - e. Omaha Metropolitan Medical Response System (OMMRS)
 - f. Nebraska Emergency Management Agency

B. PHASE II: Notification to Receive Patients Activation of NDMS:

- 1. Agencies or systems involved are as follows:
 - a. American Red Cross
 - b. Nebraska Department of Health and Human Services
 - c. Area hospitals
 - d. Lincoln Medical Response System (LMRS)
 - e. Omaha Metropolitan Medical Response System (OMMRS)
 - f. Nebraska Emergency Management Agency

- g. Nebraska State Patrol and local police agencies
- h. Fire departments
- i. News media

V. ADMINISTRATION AND LOGISTICS

Once the President of the United States has made a declaration of a major disaster, including activation of NDMS, the VA Medical Director will contact all VA Coordinating Centers. At that time, the Omaha VA Coordinating Center will activate NDMS in this area. The HHSS EOC will be contacted to begin the activation of area hospitals. The NDMS Operations Center will activate all other agencies according to prescribed procedures.

NATIONAL DISASTER MEDICAL SYSTEM (NDMS) ACTIVATION PROCEDURES

I. SCOPE AND PURPOSE

- A. NDMS is a coordinated effort of the Federal Department of Health and Humans Services, Department of Defense, Department of Veterans Affairs, and Federal Emergency Management Agency to supplement medical and environmental health services at the site of a disaster.
- B. NDMS can assist with Disaster Medical Assistance Teams; Disaster Mortuary Operational Response Teams; Veterinary Medical Assistance Teams; and National Medical Response Teams (for medical care of victims of weapons of mass destruction).

II. ACTIVATION

In emergencies/disasters requiring federal health and medical assistance, activation of the NDMS may be requested through the NEMA Response Section Chief after consultation with, and the concurrence of the Governor and the Chief Medical Officer of HHSS. All requests for NDMS activation will be made to FEMA's National Emergency Coordination Center (NECC).

III. INFORMATION REQUIREMENTS FOR SYSTEM ACTIVATION

Before an official request for assistance and activation of the NDMS, local government will provide the following information:

- A. The location of the incident where assistance is being requested,
- B. A description of the incident and the resultant health/medical problems;
- C. A description of the assistance required (i.e. Medical Assistance Teams, acute hospital care, medical supplies and equipment, mortuary services, veterinary services, etc.).

IV. ACTIONS TAKEN FOLLOWING INITIAL REQUEST:

All requests for NDMS assistance will be immediately transmitted to an NDMS Duty Officer, who will take action to validate the request and arrange for activation of the appropriate elements. Confirmation of the activation of the NDMS will be made by telephone to the requesting official or his/her designee. Instructions regarding direct communication with the National Disaster Medical Operations Support Center (NDMOSC) will be provided at the time of confirmation of NDMS activation.

V. FEDERAL COORDINATING CENTERS

Offutt Air Force Base in Bellevue has been established as a Federal Coordinating Center for the NDMS Program.

STRATEGIC NATIONAL STOCKPILE RECEPTION PLAN

I. PURPOSE

- A. To provide for coordinated measures and procedures for receipt, storage, transportation, dissemination, and recovery of Strategic National Stockpile (SNS) materials in the event of a terrorist incident in the State of Nebraska.
- B. To generate immediate and appropriate local, State and Federal measures to eliminate the crisis and minimize the consequences in order to return the State of Nebraska to a healthy and disease free status.

II. SITUATION

- A. A release of selected biological or chemical agents targeting Nebraska's civilian population will require a rapid, coordinated and planned response and require access to potentially large quantities of pharmaceuticals, antidotes, and other medical supplies. If such a biological and/or chemical terrorist event occurs, State, local, and private stocks of medical material may be quickly depleted.
- B. If an effective response to a biological or chemical attack is beyond the local government's capability, State assistance may be required. The Governor may then proclaim a "State of Emergency" and the provisions of the State Emergency Operations Plan (SEOP), including this Appendix will be implemented. In implementing this Plan, activation of the Emergency Management Assistance Compact (EMAC) may be necessary.
- C. If the situation is determined to be beyond local and State capability, the Governor may ask for Federal Assistance by requesting a Presidential Declaration of an "emergency" or "major disaster". If approved, a "Presidential Declaration" authorizes Federal assistance under PL 93-288, as amended by the Robert T. Stafford Disaster Relief and Emergency Assistance Act, PL 100-707. The declaration initiates the implementation of Federal disaster assistance programs, which are coordinated by the Federal Emergency Management Agency. Because of the health related nature of a biological or chemical attack, the early Federal response to this type of incident may include release of medical supplies and equipment from the Strategic National Stockpile Program.
- D. The SNS is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration and airway maintenance supplies, and medical/surgical items. The SNS Program is designed to supplement and re-supply state and local public health agencies in the event of a biological or chemical terrorism incident anywhere, at anytime within the United States.

- E. The SNS is organized into several packages. First, there are several immediate response Push Packages that are caches of pharmaceuticals, antidotes, and medical supplies designed to address a variety of biological or chemical agents. These Push Packages are positioned in secure regional warehouses ready for immediate deployment to the airfield closest to the affected area within 12 hours of the Federal decision to release SNS assets.
- F. If the incident requires additional pharmaceuticals and/or medical supplies, follow-on vendor managed inventory supplies, known as VMI Packages, will be shipped to arrive within 24 to 36 hours. The follow-on VMI packages can be tailored to provide pharmaceuticals, supplies and/or products specific to the suspected or confirmed agent or combination of agents.
- G. In the event of a biological or chemical attack on our State's population, the Nebraska Emergency Management Agency, in coordination with the Nebraska Health and Human Services System, will provide guidance to local officials applying for State and Federal assistance.

III. ASSUMPTIONS

- A. A biological or chemical attack within the United States would affect the State of Nebraska. This could result in the creation and enforcement of movement controls of people, products, and property.
- B. There is the potential for anyone or organization in the State to receive a threat of either a biological or chemical attack as a mechanism of terrorism. If the incident were confirmed as being a terrorist event, the Terrorism Annex of the SEOP will be utilized in conjunction with this Appendix.
- C. Positive detection of such a biological or chemical release will prompt State Officials to employ additional precautions to prevent or mitigate the possibility of an occurrence locally.
- D. Numerous local, State, and Federal agencies will play a role in controlling further exposure to a biological or chemical release.
- E. Immediate quarantine areas may be required where suspect or confirmed instances of biological or chemical releases have originated, and may require special operational procedures.
- F. The Governor will issue a State of Emergency Proclamation.
- G. The State Emergency Operations Center (SEOC) will be activated and if request of the SNS has been issued, implementation of this plan will begin.

- H. The Governor will request the President to declare a “major disaster” or an “emergency” if the situation is beyond local and State capabilities and the Governor has issued a State of Emergency Proclamation.
- I. Initial Strategic National Stockpile supplies and equipment will begin arriving in the State no later than 12 hours after the Governor’s request for their deployment/support.

IV. CONCEPT OF OPERATIONS

- A. The Governor maintains the authority to meet the dangers to the State and people presented by disasters and emergencies. In the event of a disaster or emergency beyond local control, especially those involving biological or chemical agents, the Governor may assume direct operational control over all or any part of the emergency management functions within the State.
- B. The Governor and key State officials are provided the capability to direct and control response and recovery operations from a centralized facility in the event of a biological or chemical emergency/disaster. State departments/agencies conduct their day-to-day operations from facilities that are widely dispersed throughout the State. Therefore, when an emergency/disaster occurs, centralized direction and control is required to facilitate coordinated responses by the governor and key departmental/agency staff, emergency management staff and representatives of private sector organizations assigned emergency responsibilities.
- C. As NEMA Director, the Adjutant General is required to provide direction and control capability for operational response and recovery activities in time of an emergency or disaster. This is accomplished by maintaining the SEOC located in an underground facility at 1300 Military Road in Lincoln. An alternate SEOC has been operationally readied in Grand Island (100 East 1st Street) should the SEOC become inoperable.
- D. The NEMA Assistant Director, through the NEMA Operations Officer, maintains the Operations Management System (OMS) which utilizes the principles of the Incident Management/Command System (IMS/ICS).
- E. NEMA, in coordination with the Nebraska Health and Human Services System, will coordinate response activities in support of the SNS Program and will be aware of response operations at the local level.
- F. NEMA will coordinate with FEMA, the United States Department of Health, the Center for Disease Control, and other Federal agencies as needed, and may utilize local/regional Emergency Operations Centers (EOCs) to facilitate response and recovery activities.

- G. Upon notification of a biological or chemical release or other emergency or disaster, the Governor can issue a State of Emergency Proclamation. Upon the issuance of a State of Emergency Proclamation, the Governor may direct any and all agencies of the State government to provide assistance under the coordination of NEMA.
- H. Activation of the State Emergency Operations Center (SEOC) will occur under any of the following conditions:
 - 1. When release of either a biological or chemical agent directed at the population of the State has potentially occurred or has been identified (the activation status of the SEOC will be decided by the NEMA Assistant Director).
 - 2. The NEMA Assistant Director's direction.
 - 3. The Adjutant General's direction.
 - 4. The Governor's proclamation of a state of emergency.

V. AGENCY ACTIONS

A. Local Governments

Local officials will be actively involved in the response to any biological or chemical related incidents directed against the citizens of the State of Nebraska. Each county and local government has a Local Emergency Operations Plan (LEOP), which provides the framework for the jurisdiction's response to an emergency or disaster. County and local emergency managers/directors will utilize their resources and provide additional lines of communication with and for local health officials and response organizations responding to the biological or chemical incident.

B. Nebraska Emergency Management Agency (NEMA)

- 1. Activate and operate the SEOC, provide liaisons to affected jurisdictions, prepare situation reports for the Governor and receive and act on requests for assistance from county emergency managers/ directors.
- 2. Coordinate the State's response with local governments, with FEMA and the Federal Response Plan, and assist in the coordination of disaster related public information.
- 3. Identify key contacts at the State level for bio-terrorism (BT) response and Strategic National Stockpile (SNS) interface. Contact responsibilities for SNS response are:

- a. Governor's Office – NEMA Assistant Director
 - b. Department of Health – ESF 8 Coordinator
 - c. Emergency Management Agency – NEMA Operations Officer
 - d. State Police or Law Enforcement Agencies – ESF 7 Coordinator
 - e. State Fire Protection Agency – ESF 4 Coordinator
 - f. Adjutant General's Office – NEMA Assistant Director
 - g. Hazardous Materials Response Authority – Nebraska Department of Environmental Quality
 - h. Metropolitan Medical Response System – ESF 8 Coordinator
4. Coordinate with the following ESF coordinators and their agencies to support their planning for deployment, reception, transportation, dissemination and recovery of the SNS. These ESF coordinators and their agencies will be the leads responsible for the respective areas as specified.
 - a. The request of the SNS - NEMA (for the Governor's Office)
 - b. The receipt of SNS assets – ESF 8 Coordinator
 - c. Security for SNS assets and both CDC and local personnel managing them – ESF 7 and ESF 10 Coordinators
 - d. The distribution of SNS assets (i.e., IV drugs and supplies to hospitals for treating symptomatic persons) – ESF 8 Coordinator
 5. Designate, by the authority of the Governor, an official with the authority to request SNS assets.
 6. Provide an official (by name, title, agency, and points of contact) who will be updated on transport activities while the SNS is enroute. This person will act as the State point-of-contact for the SNS until the SNS is signed over at the airfield.
 7. Identify the most appropriate operation center (State, Federal, Department of Health, or other) to position SNS Technical Advisors (who will assist the State with requests for SNS material).
 8. Designate airfield(s) or ground transportation sites where CDC will transfer SNS assets to the State.

C. Nebraska Health and Human Services System (HHSS)

1. Provide NEMA with an ESF 8 coordinator responsible for the planning and coordination of bio-terrorism response and SNS interface.
2. Develop a list of officials who are authorized to sign for receipt of SNS assets.
3. Designate, by authority of the Governor, persons who will take responsibility for and control of SNS assets once they are transferred to State control.
4. Identify personnel (and their duties) that will be at the airfield to meet the SNS.
5. Develop a plan for allowing a local agency or MMRS to sign for the SNS. Develop a list of approved agencies and officials (by name and title).
6. Identify and designate a DEA registrant (and backup) to sign for receipt of SNS controlled substances.
7. Establish procedures for the handling and storage of SNS controlled substances. Coordinate procedures with DEA field office and Nebraska National Guard official(s).
8. Maintain the list of all designees for the SNS, including those for controlled substances. Provide copies of this list, along with changes, to the Center for Disease Control.
9. Develop a plan for tracking SNS assets that includes:
 - a. A spreadsheet or database to track the type and quantity of SNS assets that will be sent to various casualty-treatment centers and PEP dispensing sites.
 - b. A process to account for both symptomatic and asymptomatic patients.
 - c. A determination of which entities will keep records.
 - d. Development of a notification callback system.
10. Develop a plan component addressing the recovery of reusable SNS assets (i.e., ventilators, Vacicool containers and portable suction units) and all SNS air cargo containers that carried assets into the local BT response distribution process.
11. Prepare contingency plans for each of the four SNS release scenarios (Biological Event/Many Symptomatic Patients; Chemical/Nerve Agent Event with Patients; Biological Event/Handled Locally; and, Biological Event/Few, if

any, Symptomatic Patients) and their storage and transport requirements, specifically developing a system to enable central command to:

- a. Identify all sites where casualties are currently receiving care.
 - b. Obtain a count of casualties under care at each site.
 - c. Assemble an estimate of casualties en route and likely to be directed to each treatment site.
 - d. Determine any unusual types or amounts of IV drugs or medical material each site may need. Translate these data into specific order for distributing SNS medical material and IV drugs or nerve agent antidote.
12. Develop a contingency plan that accounts for the 4 SNS release scenarios and their storage requirements and coordinate these requirements with the Nebraska National Guard. This plan will include the need to arrange a durable agreement that on short notice would:
- a. Give ready access to a 5,000 sq. ft., temperature-controlled storage facility near the airport.
 - b. Provide security that includes limited access only to authorized personnel and identify who is authorized.
 - c. Address environmental concerns, i.e., clean and dry and kept at 58-86 degrees F, and that this is checked periodically for compliance.
13. Develop a contingency plan that accounts for the 4 SNS release scenarios and their local transportation requirements and coordinate these requirements with the Nebraska National Guard. This plan will include the need to arrange a durable agreement that on short notice would:
- a. Provide cargo vehicles capable in number and size to move IV drugs to storage or treatment sites.
 - b. Ensure that necessary equipment and personnel are available to off-load the SNS material from trucks once it reaches the dispensing sites.
14. Develop a plan for repackaging of SNS Oral Medicines for Post-Exposure Prophylaxis (PEP). This plan should address the use of the SNS supply of "blister packs" unit doses (i.e., for emergency, distributing, and dispensing staff, and family members, as initial doses for the general public, etc.). As part of the repackaging plan the following should be included:
- a. Centralized Repackaging: see checklist at Attachment 1, items L1a through L1k.

- b. Decentralized Repackaging: see checklist at Attachment 1, items L2a through L2k.
 - c. Pharmacy Repackaging: see checklist at Attachment 1, items L3a through L3i.
 - d. Mail-out Pharmacy CMOP Repackaging: see checklist at Attachment 1, items L4a through L4f.
15. Develop a plan for Post-Exposure Prophylaxis and Therapeutic Treatment. This plan should include developed treatment protocols and processes as listed on the checklist at Attachment 1, items Ma through Mm.

D. Nebraska National Guard

- 1. Provide NEMA with an ESF 10 coordinator responsible for the planning and coordination of bio-terrorism response and SNS interface. Responsibilities will include planning for security for SNS assets and both CDC and local personnel managing them, and the transportation/distribution of SNS material and assets. Coordinate planning for SNS security with the Nebraska State Patrol and SNS transportation requirements with the Nebraska Health and Human Services System.
- 2. Identify personnel (and their duties) that will be at the airfield to meet the SNS.
- 3. Provide Air National Guard facilities for the reception/parking of either Boeing 747 or McDonald Douglas MD-11 wide-body aircraft that will deploy the SNS. This includes one or more remote access ramps away from active runways and near aircraft hangers.
- 4. Coordinate for alternate Federal Express or United Parcel Service airfield and reception facilities if the National Guard facilities are not available or if it is determined that these alternate facilities are more desirable due to the terrorist situation.
- 5. Provide a >5,000 square foot hanger that can be accessed to temporarily store the SNS. Provide loading equipment, including a P1 pallet handler and a 10K forklift (K-loader) with extended tines for off-loading and movement of SNS materials.
- 6. Provide support to the HHSS plans for each of the 4 SNS release scenarios and their storage requirements, specifically the need to arrange a durable agreement that on short notice would:
 - a. Give ready access to a 5,000 square foot, temperature-controlled storage facility near the airport.

- b. Provide security that includes limited access only to authorized personnel and identify who is authorized.
 - c. Address environmental concerns, i.e., clean, dry, kept at 58-86 degrees F, and checked periodically.
- 7. Identify facilities/means to store SNS controlled substances that will not be immediately needed, along with security measures to minimize the potential for diversion of these SNS controlled substances. In coordination with the Nebraska HHSS coordinate with DEA field office officials for their evaluation of proposed handling and storage of SNS controlled substances and concurrence with established security and transportation procedures.
- 8. Coordinate with the Nebraska State Patrol to develop a security plan for the SNS material at the airfield and for security of the SNS Program's Technical Advisory Response Unit (TARU) members and for state/local response staff managing various aspects of SNS assets.
- 9. Coordinate with the Nebraska State Patrol for security of the SNS in transit from the airfield to storage or to casualty-treatment centers or to PEP dispensing sites. In coordination with the Nebraska State Patrol provide site security and ensure orderly processing at PEP dispensing sites.
- 10. Provide SNS transportation support for each of the 4 SNS release scenarios and plans, as developed by HHSS. Ensure that necessary equipment and personnel are available to off-load the SNS material from trucks once it reaches the dispensing sites.
- 11. Provide personnel and other support for the Centralized, Decentralized, Pharmacy, and Mail-out Pharmacy/CMOP Repackaging of SNS materials in support of the plans developed by HHSS (see Attachment 1). This includes:
 - a. Providing or coordinating for a probable site – and alternate sites - for repackaging, to include agreements for use of these sites.
 - b. Logistic arrangements (for tables, chairs, lighting, food, drinks, portable toilets, etc.) so set up can commence shortly after staffing call down.
 - c. Providing personnel to manage and operate the SNS oral drug repackaging process using an ad hoc assembly line (either at the airfield or a site closer to the population center). This includes the staffing call down and organization scheme for setting up, operating, and supervising, under direction of HHSS, the repackaging.
 - d. The development of a contingency plan if an event turns out to require many more people by given PEP than was originally anticipated in the original repackaging plan.

- e. Development of transportation plans and agreements if the plan is to conduct ad hoc assembly line repackaging at a site other than the airport.

12. Provide security for reusable SNS assets (i.e., ventilators, Vaxicool containers, and portable suction units) and all SNS air cargo containers that carry assets into the BT response distribution process. Support the HHSS plan for recovery of reusable SNS assets and air cargo containers.

E. Nebraska State Patrol (NSP)

1. Provide NEMA with an ESF 7 coordinator responsible for the planning and coordination of law enforcement related bio-terrorism response and SNS interface activities. Responsibilities will include planning for security for SNS assets and both CDC and local personnel managing them.
2. In coordination with the Nebraska National Guard, provide early initial security at the reception airfield and follow-on security for the SNS storage, repackaging, and dissemination facilities, and transportation assets.
3. In coordination with the HHSS and Nebraska National Guard, develop security measures to minimize the potential for diversion of SNS controlled substances.
4. In coordination with HHSS and the Nebraska National Guard, provide security to designated SNS locations, including limiting access to only authorized personnel and identify who is authorized.

F. Nebraska Department of Environmental Quality (DEQ)

1. Provide NEMA with a SEOC representative to provide planning advice and guidance on hazardous materials related issues.
2. Assist in coordinating Federal, State, and local (including private) agencies and resources and provide technical assistance for response, disposal, and recovery from a terrorist or other biological, radiological or hazardous material incident.

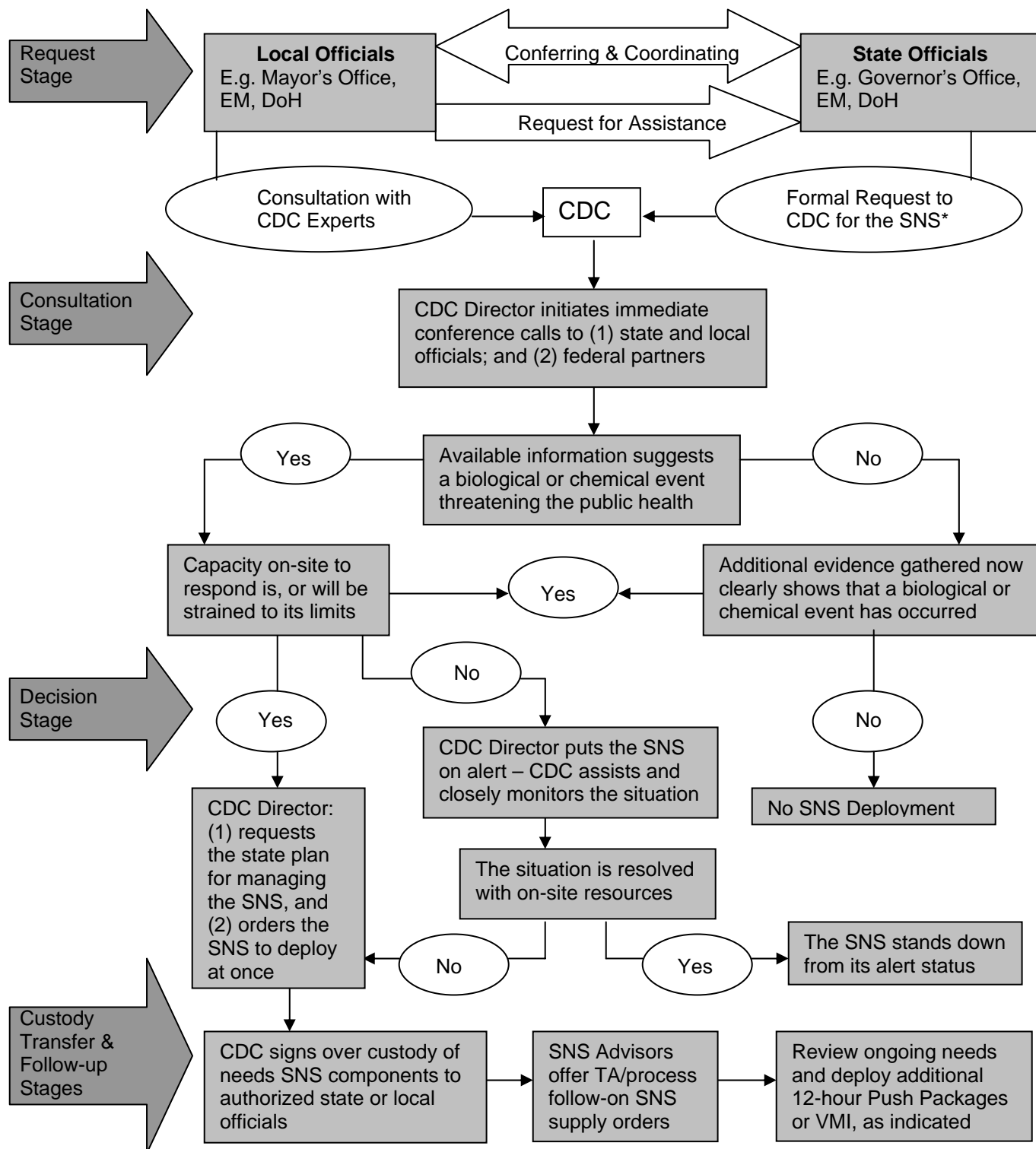
G. Nebraska Department of Roads (NDOR)

1. Provide NEMA with an ESF 1 coordinator responsible for the planning and coordination of transportation related bio-terrorism response and SNS interface. Responsibilities will include planning for movement and control of SNS assets and the distribution of SNS materials.
2. Assist in coordinating Federal, State and local agencies and resources in responding to and recovering from a terrorist or other biological or chemical related incident.

H. Federal Emergency Management Agency (FEMA)

1. FEMA may implement the Federal Response Plan, which provides a mechanism for organizing, coordinating, and mobilizing Federal resources to augment State and local resources.
2. Under the Federal Response Plan, FEMA may employ Emergency Support Function 8 (ESF 8) for coordinating medical related response and recovery activities. The lead agency for ESF 8 is the U.S. Department of Health and Human Services, with other agencies as support agencies based on their resources to support a biological or chemical related incident.

ALGORITHM For Requesting, Deploying, and Receiving The Strategic National Stockpile in a Suspected Biological or Chemical Terrorism Event



Algorithm
for Requesting, Deploying, and Receiving
The Strategic National Stockpile
in a Suspected Biological or Chemical Terrorism Event

CONTACTING CDC IN AN EVENT

The state makes the formal requests for federal assistance in the national emergency response system. Formal requests to CDC for the SNS in a terrorism incident also will follow this rule.

EVIDENCE CONSIDERATIONS •

Overt release of a chemical or biological agent. Claim of release with intelligence and/or law enforcement confirmation. Clinical/epidemiologic indications, including: A large number of ill persons with similar disease or syndrome; A large number of unexplained disease, syndrome, or deaths; Unusual illness in a population; Higher morbidity & mortality with a common disease or syndrome; Failure of a common disease to respond to usual therapy; Single case of disease caused by an uncommon agent; Multiple unusual or unexplained disease entities in the same patient with other explanation; Disease with unusual geographic/seasonal distribution; Multiple atypical presentations of disease agents; Similar genetic type in agents isolated from temporally/spatially distinct sources; Unusual, atypical, genetically engineered or antiquated strain of the agent; Endemic disease/unexplained increase in incidence; Simultaneous clusters of similar illness in non-contiguous areas; Atypical aerosol/food/water transmission; Ill people presenting near the same time; Deaths/illness among animals that precedes/accompanies human death; No illness in people not exposed to common vent systems, but in those in proximity to the systems. Review of laboratory information Unexplainable increase in EMS requests. Unexplainable increase in antibiotic prescriptions or OTC medication use.

CAPACITY CONSIDERATIONS

Number of current casualties. Projected needs considering the population of the area (including transients), and possible infections versus non-infections. Presence of an identifiable, coordinated SNS annex to the state/local bioterrorism response plan. Hospital capacity at the time of the event, including ICU beds and ventilator needs. State resources identified, including pharmacy distributors, oxygen availability, other nearby hospitals, and in-state alternative care centers. Local resources, e.g., pharmacy distribution, oxygen availability, and transport capacity. Whether or not prior plans and preparations have been made to receive, organize, repackage (oral antibiotics should the event suggest a biological release), and plans are substantive enough to be fully activated at this time. Forward ASAP to CDC a copy of the state plan for managing the SNS.

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RADIOACTIVE MATERIALS TRANSPORTATION ACCIDENT PLAN (RAMTAP)

I. Authority

The Nebraska Radioactive Materials Transportation Plan (RAMTAP) is adopted pursuant to the Nebraska Emergency Management Act of 1996 as amended (81-829.36 to .75) and the Radiation Control Act as amended (71.3501 to 3520). For this plan, "radioactive material" means any material having a specific activity greater than 0.002 microcuries per gram ($\mu\text{Ci/gm}$) [49 CFR 173.403(y)(1)].

II. Purpose

It is the purpose of this plan to:

- A. Serve as a guide for state agencies and to provide guidelines to assist local planners.
- B. Provide an effective means for State agencies to interface with local governments in response to any transportation accident involving radioactive material (i.e., High Level Radioactive Waste, Low-Level Radioactive Waste, Nuclear Weapons, etc.), which is transported through Nebraska.
- C. Provide reasonable assurance that government efforts will be directed towards mitigating the consequences of such accidents and appropriate measures will be taken to protect health and safety as well as to prevent damage to property.
- D. Delineate responsibilities and provide for cooperation and coordination of State agencies with local governments and their agencies, to include coordination with other states in an effective response to accidents involving radioactive materials throughout Nebraska.

III. Responsibilities

The responsibilities of the Shipper/Carrier/Licensee, Responsible Political Sub-division, State and Federal Governments are listed in Attachment 1.

IV. Concept of Operations

A. Command and Control

1. Responsible Political Sub-division

An incident commander is designated at any radioactive material transportation accident following the Incident Command System and

established procedures of the Responsible Political Sub-division in whose jurisdiction the accident occurs.

2. State

- a. State initial response actions will be based on the priority needed to rapidly begin health hazard assessment by the Department of Health and Humans Services Regulation and Licensure (HHS R&L), and the Department of Environmental Quality (DEQ), as required. HHS R&L will make early recommendations as to the potential scope of the initial State response operation and will coordinate support requirements with the Nebraska Emergency Management Agency (NEMA). Much will depend on the incident, radioactive material and/or radiation release, and travel time to the scene. Thus a wide range of response/increased readiness measures could be applied. The level of response effort must be adjusted to meet the urgency of the situation.
- b. On receipt of information indicating the need for State response, the State Emergency Operations Center (EOC) may be activated and a State Emergency Proclamation may be made by the Governor. State agencies having responsibilities under this plan will be notified and kept informed of the progress of the incident.
- c. When the State EOC is activated, agency representatives, as required, will relocate to the State EOC and establish contact with their personnel in the field. If the decision is made to send the State Field Command Post (FCP) to the incident/accident scene, the State EOC will coordinate needed support arrangements. A Governor's Authorized Representative (GAR) may relocate to, and operate from the State FCP. If relocated to the State FCP, the GAR will coordinate State agency activities responding to the emergency. The GAR will also be a point of decision for implementation of protective actions as recommended by scientific/technical advisors. While the State EOC will maintain close coordination with the State FCP to ensure exchange of information, it will be the principle point of contact with the State EOCs of adjacent states. Throughout the duration of the emergency, the State EOC, the State FCP, and the Responsible Political Sub-division EOCs will be points of coordination for governmental operations. The State EOC or if operational, the State FCP, will be the focal point for coordination of outside assistance to the Responsible Political Sub-division's EOC.
- d. Early efforts will be made to initiate coordination with the emergency organization and management of the carrier (whether air, motor, or railroad) concerned. HHS R&L, and if required, Department of Environmental Quality (DEQ) personnel, will work with the Responsible Political Sub-division, and shipper/carrier representatives in order to begin orderly planning for the eventual clean-up, decontamination, and re-entry.

B. Radiological Assessments

1. Initial assessment will be conducted by the local agencies involved. If radiological assessment is beyond the capabilities of local agencies, the Nebraska Emergency Management (NEMA), based on the requirements of the Responsible Political Sub-division, will contact the Department of Health and Human Services Regulation and Licensure (HHS R&L), and other agencies as may be necessary to radiologically survey the scene. After a survey, HHS R&L may declare that a radiological hazard exists and may direct that a control zone be maintained until the hazard is removed.
2. Responsible Political Sub-division agencies are responsible for the control of radiation exposure to: the general population, emergency workers; and for assistance to emergency medical personnel regarding any possible radiation hazards. HHS R&L will provide assistance.

C. Containment

1. Containment actions are those initial actions necessary to protect the public health, safety, welfare, and the environment. Such actions include:
 - a. Providing first aid to the injured.
 - b. Securing the area, keeping all unauthorized personnel away from the incident to the extent possible.
 - c. Staying upwind of the accident scene.
 - d. Obtaining the names, addresses, and telephone numbers of all persons involved.
 - e. Detaining non-injury persons involved with the incident until monitored for and found free of any contamination.
 - f. Building coffer dams to prevent possible run-off of radioactive materials.
 - g. Determining if other hazardous materials are present, which hazards are greater, and taking such actions as necessary to reduce the dangers and damage presented by the greater hazards.
2. If it is determined that a radiological hazard exists and based on a request from the chief executive of the Responsible Political Sub-division, HHS R&L will oversee and coordinate all activities necessary to minimize or eliminate the hazard.
3. Containment actions shall be performed by personnel of the carrier and shipper or their contractors under the direction of the Responsible Political

Sub-division and with the consent of HHS R&L, and the Department of Environmental Quality (DEQ), when applicable.

4. In those situations where nuclear weapons are involved, the Federal Department of Energy (DOE) Radiological Assistance Program (RAP) Team will provide technical support. Time permitting, actions will be taken in consultation with the technical staff of the Department of Health and Human Services Regulation and Licensure (HHS R&L), the Nuclear Regulatory Commission (NRC), the Federal Department of Energy (DOE), and the shipper.

D. Mitigation and Recovery

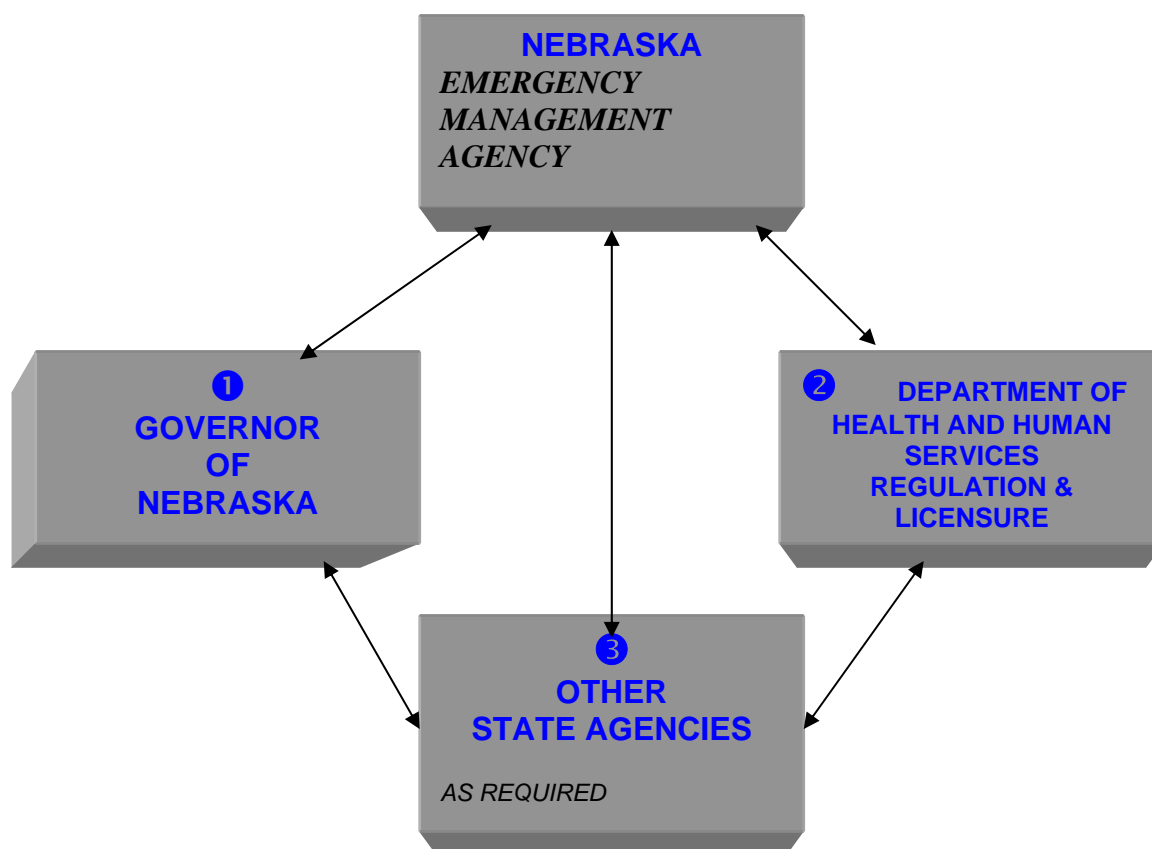
1. Once the radiological hazard incident site is secured and no further containment measures are necessary, actions will be taken to recover and dispose of the radioactive material from the affected areas. Mitigation and recovery actions shall be performed by personnel of the carrier and shipper or their contractors. The Responsible Political Sub-division and the HHS R&L, will oversee and coordinate those activities necessary to minimize or eliminate the hazard.
2. State personnel will not participate in actual mitigation and recovery activities, unless requested by the Responsible Political Sub-division.
3. Recovery operations will be inspected by HHS R&L to determine the reduction of radiation and radioactive contamination as a result of recovery operations.
4. Once the radiological hazard has been eliminated and a determination made that no other non-radiological hazards exist, the accident scene will be declared safe by the Responsible Political Sub-division with advice from HHS R&L, and as required, the Department of Environmental Quality (DEQ).

V. Radioactive Materials Transportation Accident Notification Procedure

- A. Notification of a radioactive materials transportation accident may come from many sources. However, when the Responsible Political Sub-division's initial responding agency receives a report of an accident or incident involving radioactive material, the following procedures and notification will be implemented:
 1. The initial Responsible Political Sub-division's responding agency will request as much information as possible from the reporting party as to the type of accident, injuries, road blockage, fire, spilled cargo, etc., for the Incident Report.
 2. Concurrently, the Responsible Political Sub-division will dispatch emergency response personnel and notify the Nebraska Emergency Management

Agency (NEMA) by calling 1-877-297-2368 or after normal working hours the NEMA Duty Officer Pager at (402) 790-9412 and leaving a call back number. The call will be returned within 10 minutes.

3. It is *critical* that the Nebraska Emergency Management Agency (NEMA) in Lincoln be given the *name and call-back telephone number of a First Responder* who has information pertaining to the accident/incident. The *First Responder* should be able to provide answers to the questions listed in Attachment 2 for the Health Physicist who will return the telephone call to determine if a State response is warranted and if necessary what type of State response is necessary as well as if Federal authorities will need to respond.
4. NEMA will then contact all State agencies needed to provide assistance, beginning with the Governor and Department of Health and Human Services Regulation and Licensure (HHS R&L), concurrently.



- B. If the Responsible Political Sub-division agencies dispatched to the scene do not have trained personnel and radiological detection instruments, the closest available personnel trained in radiological monitoring and instruments will be

located either through the local Emergency Management Director or through the Nebraska Emergency Management Agency (NEMA), and brought to the scene by the most expeditious manner.

VI. Response Phases

Operation and response activities in radioactive materials incidents can be categorized into five relatively distinct phases. Each specific incident will require that knowledge, judgement and discretion be used since not all recommended actions are necessary, adequate or applicable in each case.

A. Phase I – Discovery and Notification

1. Upon notification that an incident has occurred, the local Hazardous Materials Response Plan should be implemented and the Nebraska Emergency Management Agency (NEMA) notified for implementation of part or all of the State Emergency Operations Plan and this Annex, if necessary.
2. Due to the sensitive nature of the radioactive materials incident which could easily cause wide spread concern, public notification and warning information should be carefully prepared and be as specific as circumstances permit. Warnings should include sufficient information so the public can take appropriate protective actions. Specific hazard area limits should be given as soon as possible, and any warning information given to the public should be repeated on a periodic basis.

B. Phase II – Evaluation and Initiation of Action

1. The first emergency response agency should assume control over the accident scene upon arrival at the scene. The Incident Commander (IC) will assess the situation and give instructions to all other emergency personnel in accordance with local procedures and as provided by the IC's technical training, experience and knowledge.
2. The following initial response actions should be implemented:
 - a. Assess the incident.
 - b. Perform life-saving rescues and emergency first aid.
 - c. Identify potentially contaminated individuals and control their movement.
 - d. Establish control zones and protect the area of the incident.
 - e. Summon assistance (The IC will determine appropriate agency expertise required).

- f. Minimize contact with the radioactive material.
- g. Notify a Health and Human Services Regulation and Licensure (HHS R&L) Health Physicist through NEMA.

C. Phase III – Containment

1. The carrier and shipper shall take all appropriate and necessary initial actions to protect the public health, safety and welfare; wildlife; and the environment. Initial responders shall inspect measures taken by the shipper and carrier to ensure adequate containment is achieved as per Department of Health and Human Services Regulation and Licensure (HHS R&L) instructions. Once HHS R&L arrives, and if requested by the Responsible Political Sub-division Authorities, they will ensure all actions necessary for adequate containment and public health and safety have been taken by the carrier and the Responsible Political Sub-division Authorities.
2. Additional actions which may be necessary include:
 - a. A detailed on-site radiological assessment.
 - b. Defining the area of contamination.
 - c. Identifying short and long term effects of contamination.
 - d. Evaluating effectiveness of containment.

D. Phase IV – Mitigation and Recovery

1. Once the radioactive materials incident area is secure and no further containment measures are necessary, actions will be taken to recover the radioactive material and mitigate the effects of the incident. Based on a request from the Responsible Political Sub-division, the Department of Health and Human Services Regulation and Licensure (HHS R&L), shall inspect recovery and mitigation activities of the carrier and shipper, and has the right to split samples with the carrier and the shipper to ensure that proper cleanup is achieved.
2. The Mitigation and Recovery phase shall continue until the Responsible Political Sub-division Authorities, in coordination with HHS R&L, and the Department of Environmental Quality (DEQ) as required, determine that acceptable cleanup has been achieved.

E. Phase V – Documentation and Reporting

1. Documentation of Participating Agencies' Expenses and Losses

- a. Detailed documentation of costs incurred in radioactive materials incident response is necessary for potential cost recovery and litigation purposes.
 - b. All agencies, including State and Responsible Political Sub-division Authorities, who respond to transportation accidents involving radioactive materials may be eligible for reimbursement of their expenses by the carrier and/or the shipper. Therefore, complete and detailed documentation of all expenses incurred, actions taken at the scene, and those support those actions taken at the scene, are required for the purpose of:
 - 1) Reimbursement for expenses, when applicable
 - 2) Legal claims
 - 3) Dose assessment
 - 4) Accident investigation
 - 5) Statistical analysis; and
 - 6) Planning
 - c. All agencies, including State and Responsible Political Sub-division Authorities, who respond to transportation accidents involving radioactive materials shall submit the detailed documentation of expenses and losses to the responsible shipper and carrier.
 - d. The State may seek to recover response expenses from the responsible party through legal procedures. All agencies incurring such expenses should contact the State Attorney General's Office for coordination of operational and administrative cost recovery efforts.
2. Reports
- a. A chronological log of events shall be provided by participating governmental agencies, both local and state, to the Director, Nebraska Emergency Management Agency (NEMA) and the Governor's Radioactive Materials Transportation Working Group within 30 days after the termination of the event. The report should also include in narrative form any pertinent information, observations, and comments on problems or recommendations for improvement, and expenses incurred.
 - b. The Governor's Radioactive Materials Transportation Working Group in conjunction with NEMA, shall review operational incident reports to evaluate the effectiveness of policies, plans and procedures for improvement purposes.

VII. Protective Action Guides

Protective Action Guides for Initial Response Actions, Local Command and Control, Containment, and Mitigation and Recovery are found in Attachment 3.

VIII. Equipment and Supplies

- A. Equipment and supplies are the responsibility of responding agencies.
- B. If demand and requirements exceed the capabilities of the Responsible Political Sub-division, including exhaustion of mutual aid resources, requests for additional supplies and equipment will be made to NEMA through its Emergency Operations Center.

IX. Communications

- A. The Responsible Political Sub-division is responsible for establishing a local communications center when required.
- B. If State assistance is requested, a communications center will be established at the State Field Command Post (FCP) to coordinate the communication activities of those State agencies whose assistance has been requested.
- C. Equipment to support the State FCP will be comprised of that equipment in place on either a day-to-day application or on a contingency basis, together with mobile and portable equipment arriving with or as requested by the local Emergency Management Director/Coordinator.

X. Federal Resources

A description of Federal Resources is located in Attachment 4.

XI. Public Information

Information to the public and press will be provided/coordinated, as necessary, by the designated Responsible Political Sub-division's Public Information Officer (PIO), or upon request, by the Department of Health and Human Services Regulation and Licensure (HHS R&L) PIO in coordination with the Nebraska Emergency Management Agency (NEMA) PIO and the Nebraska State Patrol (NSP) PIO.

XII. Organization, Maintenance and Review

- A. The organizational structure for review, revision, and distribution of this plan, as well as post-accident review shall consist of the Governor's Radioactive Materials Transportation Working Group. The State Nuclear Waste Transportation Working Group shall meet at least semi-annually to develop and maintain a comprehensive emergency response plan, review planning guidance, review any incident which occurred since the last meeting, report resources and needs, and recommend legislation. The Governor's Radioactive Materials Transportation Working Group shall consist of representatives of:
1. Governor's Policy Research Office (Chair)
 2. Department of Health and Human Services Regulation and Licensure (HHS R&L)
 3. Nebraska Department of Environmental Quality (DEQ), as required.
 4. Nebraska Department of Roads (DOR), as required.
 5. Nebraska Emergency Management Agency (NEMA)
 6. Nebraska State Emergency Response Team (SERT), as required.
 7. Nebraska State Patrol (NSP)
- B. The Governor's Radioactive Materials Transportation Working Group shall be responsible for updating the information and procedures outlined in this Annex. The Annex shall be reviewed at least one annually.

RESPONSIBILITIES

I. SHIPPER, CARRIER, LICENSEE

The shipper, carrier, and licensee must be in compliance with all federal, State, and local laws. They are responsible for notifying the appropriate State authorities of an incident; providing expertise and shipping information to federal, State, and local emergency response personnel; providing equipment and personnel for cleanup of the incident site; and reimbursing State and local emergency response agencies as appropriate.

II. RESPONSIBLE POLITICAL SUB-DIVISION (LOCAL GOVERNMENT)

- A. The Responsible Political Sub-division is defined as that local government which authorizes, regulates, or is otherwise deemed responsible for the health, welfare, and protection of citizens and the property of citizens within the geographical boundaries in which a radioactive materials transportation accident has occurred.
- B. Responsible Political Sub-division Authorities have primary responsibility in performing emergency response functions in their respective jurisdictions. Local Emergency Management Directors/Coordinators, Sheriffs/Police Chiefs, and Fire Marshals/Chiefs will provide their usual range of emergency services for a transportation accident involving radioactive materials. This includes the responsibility for having trained radiological monitors, maintaining current rosters of trained personnel and adequate radiological instruments and equipment.
- C. In many cases, shippers/carriers/licensees may be unable to exercise their responsibilities quickly enough to protect the public from the consequences of a radiological accident. The Responsible Political Sub-division Authorities must be prepared to effectively initiate life-saving and protective measures. In functional terms related to transportation accidents involving radioactive materials, this includes:
 - 1. Emergency planning
 - 2. Information gathering and exchange
 - 3. Situation analysis
 - 4. Evacuation and shelter of persons threatened
 - 5. Rescue and medical care
 - 6. Supporting radiological monitoring activities
 - 7. Fire fighting

8. Area security
9. Movement control
10. Public information
11. Direct protective countermeasures and decontamination when recommended by appropriate technical authorities
12. Coordination of emergency operational resources
13. Alerting the Nebraska Emergency Management Agency (NEMA) and other government agencies
14. Alerting volunteer and charitable organizations and requesting additional resources from the State as required.

III. STATE GOVERNMENT

A. Governor

As required by the Nebraska Emergency Management Act of 1996, the Governor is responsible "for meeting the dangers to the State and people caused by disasters, emergencies and civil defense emergencies". In the event of a transportation accident involving radioactive materials which is beyond the control of the Responsible Political Sub-division, the Governor may assume direct operational control over part or all of the Emergency management functions. The Governor may issue disaster proclamations and make, amend, and rescind orders, rules and regulations to accomplish the objectives of the Emergency Management Act.

B. Nebraska Adjutant General and State Emergency Management Director

As required by the Emergency Management Act of 1996, the Nebraska Adjutant General is the State Emergency Management Director. The State Emergency Management Director is designated by the Governor to act as the Governor's Authorized Representative (GAR). Under the direction of the Nebraska emergency Management Director, NEMA is responsible for:

1. Coordinating State agency disaster response in support of Responsible Political Sub-division Authorities
2. Implementing programs for disaster prevention, preparation, response, and recovery, including the establishment of emergency response teams.
3. Coordinating with appropriate Federal agencies.

4. Assisting Responsible Political Sub-division Authorities in emergency planning activities
5. Coordinating disaster operation support functions to include provisions to ensure continuity of resources.

C. Nebraska Emergency Management Agency (NEMA)

NEMA shall have primary responsibility for the planning and response coordination of transportation accidents involving radioactive materials. NEMA will maintain a roster of other Nebraska State agencies which have capabilities and assets to assist in the implementation of this plan. Should additional assistance from other States be required, NEMA will use the Emergency Management Assistance Compact (EMAC) in coordinating any supplementary support from other States. In addition, NEMA:

1. Gathers information to evaluate emergency situations and then reports to the Governor and passes the information on to Health and Human Services Regulation and Licensure (HHS R&L). Assists the Governor in the preparation of Proclamations and requests for Federal Assistance, notifies State, volunteer and private agencies and coordinates assistance.
2. Coordinates damage assessment teams. Supports evacuation, shelter and re-entry activities. Assists Responsible Political Sub-division Authorities in carrying out emergency response and recovery actions.
3. Coordinates area emergency management radiological monitoring activities, if required, to support the Department of Health and Human Services Regulation and Licensure (HHS R&L).
4. Coordinates communications support for the field command post (FCP). At the direction of the Governor, coordinates and disseminates warnings.

D. Department of Health and Human Services Regulation and Licensure (HHS R&L)

HHS R&L under the authority of Reissue Revised Statutes of Nebraska (R.R.S.) 71-3513, issues regulations and recommends actions to be taken to respond to radiological emergencies. In addition, HHS R&L responsibilities include:

1. Evaluating health hazards present in a radiological incident.
2. Recommending levels of response to be initiated by the State and Responsible Political Sub-division Authorities.
3. Recommending protective actions to be established for both the public and emergency workers.

4. Providing field teams to accomplish radiological monitoring. Contacts the State Emergency Operations Center (EOC)/FCP if additional monitoring support is required.
5. Collection and maintenance status on all State radiological monitoring activities.
6. Maintaining a record of actual exposure for all agency personnel and estimated exposure for all persons evacuated from radiation hazard areas.
7. After consultation with other appropriate agencies, making recommendations as to decontamination of land and other property.
8. Prior to re-entry of evacuated persons, making a radiological survey and determining if the area is safe for resumed occupancy. Maintaining a monitoring and surveillance program until no further hazard exists.
9. Coordinating with appropriate Federal agencies and with health agency personnel of adjacent states.
10. Issuing individual protection information to the public in coordination with the Nebraska Emergency Management Agency (NEMA).
11. Providing 24-hour dosimetry for the State Field Command Post (FCP) personnel.
12. Establishing procedures for detecting contamination and dose calculation for products in the food chain. If necessary, requesting assistance from agricultural agencies for field operations.
13. Issuing protective action measures to be used for the food chain to include criteria for deciding whether dairy animals and other livestock should be put on protected (stored) feed and water. Coordinates implementation of protective measures with appropriate agricultural agencies.

E. Nebraska State Patrol (NSP).

The Nebraska State Patrol (NSP) is responsible for:

1. Maintaining order and public safety
2. Providing traffic control and area security in the incident area.
3. When required for area security control, implementing the NSP pass system.
4. When required, supporting ground radiological monitoring activities.

5. When required, providing aircraft to support aerial missions calling for specialized police capabilities.
6. Supporting evacuation activities. Staffing traffic control points and assisting other State agencies securing evacuated areas. Assisting Responsible Political Sub-division Authorities in the notification and implementation of evacuation plans.
7. As necessary support those NSP Troopers directly working at a radiological incident/accident site with primary communications through the use of the NSP Mobile Command Post, and provide secondary or back-up communications support to other State agencies, local governmental agencies, and Federal agencies as needed.
8. Providing back-up law enforcement support for radiological emergency response operations in the affected areas.

F. Nebraska Department of Environment Quality (DEQ)

1. Provides technical assistance in analyzing immediate and long-term effects of radioactive pollution on the environment.
2. Provides technical assistance and advice on disposal of radioactive debris.
3. Alerts downstream users and recommends protective actions in the event of an incident affecting surface or ground water.

G. Nebraska Department of Roads (DOR)

1. Provides manpower and equipment to support operations in the disaster area.
2. Supports route control during evacuation operations.
3. As required, provides field radio communications support.
4. Organizes and coordinates increased readiness measures directed against the seasonal impassability of roads.

H. Other State Agencies

As directed by the Governor, other Nebraska State governmental agencies shall provide assistance as required by Responsible Political Sub-division Authorities in transportation accidents involving radioactive materials.

IV. FEDERAL GOVERNMENT

- A. The Nuclear/Radiological Incident Annex of the National Response Plan (NRP) covers any radiological emergency that has actual, potential, or perceived radiological consequences within the U.S. that could require a response by the Federal Government. The level of the Federal response to a specific emergency will be based on the type of incident, the amount of radioactive material involved, the location of the emergency, the impact on people and the environment, and the size of the affected area.
- B. The Department of Homeland Security (DHS), as the overall incident manager for Incidents of National Significance, is supported by the “Coordinating Agency” and “Cooperating Agencies”. The “Coordinating Agency” has the primary responsibility for Federal activities related to the nuclear/radiological aspects of the incident. The “Cooperating Agencies” include other Federal agencies that provide technical and resource support to DHS and the “Coordinating Agency”. The “Coordinating Agency” is determined by the type of emergency. See Table 1.

TABLE 1
IDENTIFICATION OF THE “COORDINATING AGENCY FOR
NUCLEAR/RADIOLOGICAL INCIDENTS

| Type of Incident | “Coordinating Agency” |
|---|---|
| a. Radiological terrorism incidents (e.g., RDD/IND or radiological exposure device): 1. Material or facilities owned or operated by DOD or DOE 2. Material or facilities licensed by NRC or Agreement State 3. All Others | (1) DOD or DOE (2) NRC (3) DOE |
| b. Nuclear facilities: 1. Owned or operated by DOD or DOE 2. Licensed by NRC or Agreement State 3. Not licensed, owned, or operated by a Federal agency or an Agreement State, or currently or formerly licensed facilities for which the owner/operator is no financially viable or is otherwise unable to respond. | (1) DOD or DOE (2) NRC (3) DOE |
| c. Transportation of radioactive materials: 1. Materials shipped by or for DOD or DOE 2. Shipment of NRC or Agreement State-licensed materials 3. Shipment of materials in certain areas of the coastal zone that are not licensed or owned by a Federal agency or | (1) DOD or DOE (2) NRC (3) DHS/USCG |

| | |
|---|--|
| Agreement State (see USCG list of responsibilities for further explanation of “certain areas”). 4. All Others | (4) EPA |
| d. Space vehicles containing radioactive materials: 1. Managed by NASA or DOD 2. Not managed by DOD or NASA impacting certain areas of the coastal zone. 3. All Others | (1) NASA or DOD (2) DHS/USCG (3) EPA |
| e. Foreign, unknown or unlicensed material: 1. Incidents involving foreign or unknown sources of radioactive material in certain areas of the coastal zone. 2. All Others | (1) DHS/USCG (2) EPA |
| f. Nuclear weapon accident/incident (based on custody at time of event: | DOD or DOE |
| g. Other types of incidents not otherwise addressed above. | DHS designates |

C. As can be observed in the table, the “Coordinating Agency” is that Federal agency which owns, has custody of, authorizes, regulates, or is otherwise deemed responsible for the radiological facility or activity involved in the incident. The following paragraphs identify the “Coordinating Agency” for a variety of radiological incidents.

1. Radiological Terrorism Incidents:

- a. The “Coordinating Agency” provides technical support to the Department of Homeland Security (DHS), which has overall responsibility for domestic incident management, and to the Federal Bureau of Investigation (FBI) which has the lead responsibility for criminal investigations of terrorist acts or terrorist threats. The FBI also is responsible for coordinating activities of other members of the law enforcement community to detect, prevent, preempt, investigate, and disrupt terrorist attacks against the United States, including incidents involving nuclear/radioactive materials (e.g., Radiological Dispersal Device (RDD)/Improvised Nuclear Device (IND) incidents).

- b. For radiological terrorism incidents involving material or facilities owned or operated by the Department of Defense (DOD) or the Department of Energy (DOE), DOD or DOE is the “Coordinating Agency”.
- c. For radiological terrorism incidents involving material or facilities licensed by the Nuclear Regulatory Commission (NRC) or Agreement States, the NRC is the “Coordinating Agency”.
- d. For all other radiological terrorist incidents, DOE is the “Coordinating Agency”. The “Coordinating Agency” role transitions from DOE to the Environmental Protection Agency (EPA) for environmental cleanup and site restoration at a mutually agreeable time, and after consultation with State, local and tribal governments, the “Cooperating Agencies”, and the Joint Field Office (JFO) Coordination Group.

2. Nuclear Facilities:

- a. The NRC is the “Coordinating Agency” for incidents that occur at fixed facilities or activities licensed by the NRC or an Agreement State. These include, but are not limited to, commercial nuclear power stations, fuel cycle facilities, DOE-owned gaseous diffusion facilities operating under NRC regulatory oversight, independent spent fuel storage installations, radiopharmaceutical manufacturers, and research reactors.
- b. DOD or DOE is the “Coordinating Agency” for incidents that occur at facilities or vessels under their jurisdiction, custody, or control. These incidents may involve reactor operations, nuclear material, weapons production, radioactive material from nuclear weapons or munitions, or other radiological activities.
- c. EPA is the coordinating agency for incidents that occur at facilities not licensed, owned, or operated by a Federal agency or an Agreement State, or currently or formerly licensed facilities for which the owner/operator is not financially viable or is otherwise unable to respond.

3. Transportation of Radiological Materials:

- a. Either DOD or DOE is the “Coordinating Agency” for transportation incidents involving DOD or DOE materials, depending on which of these agencies has custody of the material at the time of the incident.
- b. The NRC is the “Coordinating Agency” for transportation incidents that involve radiological material licensed by the NRC or an Agreement State.
- c. DHS/U.S. Coast Guard (USCG) is the “Coordinating Agency” for the shipment of materials in certain areas of the coastal zone that are not licensed or owned by a Federal agency or an Agreement State.

- d. EPA is the “Coordinating Agency” for shipment of materials in other areas of the coastal zone and in the inland zone that are not licensed or owned by a Federal agency or an Agreement State.

4. Space Vehicles Containing Radioactive Materials:

- a. The National Aeronautics and Space Administration (NASA) is the “Coordinating Agency for missions involving NSAS space vehicles or joint space vehicles with significant NASA involvement. DOD is the “Coordination Agency” for missions involving DOD space vehicles or joint space vehicles with significant DOD involvement. A joint venture is an activity in which the U.S. Government has provided extensive design/financial input; has provided and maintains ownership of instruments, spacecraft, or the launch vehicle; or is intimately involved in mission operations. A joint venture is not created by simply selling or supplying material to a foreign country for use in its spacecraft.
- b. DHS/USCG is the “Coordinating Agency” for space vehicles not managed by DOD or NASA impacting certain areas of the coastal zone.
- c. EPA is the “Coordinating Agency” for all other space vehicle incidents involving radioactive material.

5. Foreign, Unknown, or Unlicensed Material:

EPA or DHS/USCG is the “Coordinating Agency” depending on the location of the incident. DHUS/USCG is the “Coordinating Agency” for incidents involving foreign or unknown sources of radioactive material in certain areas of the coastal zone. EPA is the “Coordinating Agency” for all other incidents involving foreign, unknown, or unlicensed radiological sources that have actual, potential, or perceived radiological consequences in the United States or its territories, possessions, or territorial waters. The foreign or unlicensed source may be a reactor, a spacecraft containing radioactive material, imported radioactively contaminated material. Unknown sources of radioactive material, also termed “orphan sources”, are those materials whose origin and/or radiological nature are not yet established. These types of sources include contaminated scrap metal or abandoned radioactive material.

6. Other Types of Incidents:

For other types of incidents not covered above, DHS, in consultation with other coordinating agencies, designates a “Coordinating Agency”. If DHS determines that it is an Incident of National Significance, DHS is responsible for overall coordination and the designated “Coordinating Agency” assumes responsibilities as the “Coordinating Agency”.

RADIOLOGICAL TRANSPORTATION ACCIDENT QUESTIONS

The below listed questions will be asked by a Health Physicist to determine what type of State and Federal response, if any, will be required in an accident involving the transportation of radioactive materials.

1. Your name and title: _____
2. Your agency: _____
3. Your location: _____
4. Your call-back telephone number (if different from initial number): _____
5. How the incident occurred: _____

6. On-Scene contact (Incident Commander): _____
7. How to contact "On-Scene" contact: _____
8. Severity of incident (are people, wildlife, environment, or waterways involved or threatened?)

9. Actions taken (establishment of on-scene command post, agencies on-scene or en route, containment, and evacuations, etc.)

10. Why do you think a radiation source or radiation hazard is involved?

11. Has the incident area been isolated? Barricaded? Roped off? Or otherwise restricted to prevent public entry? And How?

12. Name of person, trucking company, manufacturing plant, doctor's office, etc. associated with the radiation source or cause of the incident.

13. What kind of radiation source is involved? (radioactive material, x0ray, weapons, other)

14. Any indication of the quantity of radioactive material or size of radiation source involved? (amount, size of packages, quantity, identified on paperwork, etc.)

15. What type of package(s) is/was the radioactive material/source contained in? (cardboard boxes, 55 gallon steel drums, other boxes, drums, vials, or casks?)

16. Any measurements from radiation detection instruments? If yes, what were they?

17. Who took the measurements (name, agency, call-back number at the scene)?

PROTECTIVE ACTION GUIDES**I. INITIAL RESPONSE ACTIONS**

- A. The following steps are to be followed at the earliest possible time by those individuals first arriving at the scene of the radiological incident. These steps are given as guidance for First Responders who may not be thoroughly trained in response to radiological incidents. Those First Responders arriving at the scene have primary responsibility to carry out the items listed below.
1. First Aid takes priority over radiological concerns. Perform life-saving rescues and emergency first aid.
 - a. As soon as possible, move injured person(s) as far as practical from the immediate incident site, especially in case of fire.
 - b. If medical attention is indicated, assist in arrangements for medical assistance. The medical personnel should be informed that radiological contamination might exist on the victim(s) and/or their clothing.
 - c. NOTIFY AMBULANCE/RESCUE vehicle crews AND HOSPITALS as soon as it is realized that there are victims of a radiological transportation accident to provide them time to prepare to transport and receive possibly radiologically contaminated patients.
 2. Identify the hazard(s). If possible, obtain:
 - a. Shipping papers and manifests.
 - b. High/Low-level radioactive waste or material shipping permits and documents, if any.
 - c. Any other information from the driver, if possible.
 3. If there is a fire or danger of fire, summon assistance from the nearest fire department. Fire personnel should be cautioned that radioactive materials are involved. However, the FIRES MUST BE PUT OUT IMMEDIATELY.
 4. Wear protective clothing. Keep upwind and upslope of the incident.
 5. Keep to an absolute minimum, any contact with radioactive materials and suspected contaminated material.
 - a. If work connected with rescue or fire fighting must be done in the incident area, handle debris resulting from the incident with mechanical means to avoid contact with clothing.

- b. Clothing and tools used at the scene should remain until they have been checked for contamination by a Radiation Health Professional or the Department of Health and Human Services Regulation and Licensure (HHS R&L) technician.
 - c. Do NOT attempt to move or clean up any material involved.
- 6. Contact, as soon as possible:
 - a. The Responsible Political Sub-division.
 - b. The local Emergency Management Director/Coordinator and the Nebraska Emergency Management Agency.
- 7. Restrict the area around the incident.
- 8. Detain all persons
 - a. Identify all persons who may have been exposed to a possible release of radioactive materials.
 - b. Detain all persons involved with the incident or potentially contaminated by the incident at the scene, except those requiring emergency medical evacuation.
 - c. Individuals will be monitored, decontaminated if necessary, and cleared after further medical treatment and released.
 - d. Record names, addresses, destinations, and telephone numbers from those individuals who cannot be persuaded to stay at the incident scene.
- 9. Prohibit eating, drinking, or smoking in the incident area.
- B. It is important to remember that only essential activities are carried out in proximity to the incident prior to the arrival of, or consultation with qualified radiological health professionals.

II. LOCAL COMMAND AND CONTROL – LOCAL RESPONDER (RESPONSIBLE POLITICAL SUB-DIVISION)

- A. The first responder/incident commander should make every effort to have dispatched to the incident scene someone trained and equipped for managing hazardous materials, including radiological incidents.
- B. Establish facts as to what condition exists and carry out initial response actions as outlined in Section VI.B.

1. The Incident commander (IC) must make an initial assessment of radiation hazards and give appropriate safety instructions to other emergency personnel arriving at the scene.
 - a. The Incident Commander must also act to protect the public from radiation exposure. If the initial assessment of radiation hazards indicates the public health and safety may be endangered, the Incident Commander should evaluate the need to evacuate the area.
 - b. The decision to evacuate should be a joint consensus of the Incident Commander and the Responsible Political Sub-division Authorities. The Responsible Political Sub-division Authorities will be responsible for warning and implementation of an evacuation.
2. In the case of an accident involving a radioactive shipment, the Incident Commander may rely upon the recommendations provided by the truck driver if knowledgeable and assuming that he is not incapacitated.
3. If a radiation measuring instrument is available (and the individual is trained in its use), readings should be taken to establish minimum safe working distances for identified emergency activities.
 - a. Dangerous areas should be cordoned off.
 - b. If an instrument is not available, the cordon should be located as far as practicable from any possible radiation source.
 - c. Persons should be kept up-wind as much as practical.
4. The initial assessment should include a complete visual inspection made from a safe distance to determine if there may be a container breach. The results of the inspection must be reported to the Responsible Political Sub-division before other activities beyond traffic control and immediate rescue are commenced.
5. If radiological measuring instruments are not immediately available at the scene, contact the nearest Sheriff's Dispatch Office for assistance in requesting these instruments from the Responsible Political Sub-division's Emergency Management Director/Coordinator, who may be able to locate the necessary instruments and obtain help from other persons qualified to advise the Incident Commander such as the State Emergency Response Team (SERT).
6. If the initial assessment indicates no container was breached, the incident may in the judgment of the Incident Commander be handled through normal hazardous material incident procedures, until it is known that there is a radiation hazard.

7. Whether there is a container breach or not, the Incident Commander is to exercise discretion (based upon experience and training), in deciding to attempt rescue or to initiate fire-fighting efforts. As a general guide, a rescue that can be accomplished without requiring an extended period of time should be done without fear of serious radiation injury.
-
- C. Provide information between the accident scene, the Nebraska Emergency Management Agency (NEMA), assisting State agencies and the Dispatch Center.
 - D. Coordinate on-scene actions.
 - E. Provide traffic control.
 - F. Establish entry and exit control procedures.
 - G. Detain possibly contaminated persons at the scene unless emergency medical treatment is needed.
 - H. Transfer responsibility to other authorities when appropriate.
 - I. Maintain appropriate records.
 - J. Control sightseers.

III. Containment

- A. Contact the Carrier and Shipper
 1. Radioactive material releases are the responsibility of the carrier and the shipper of the material.
 2. Contact should be established as soon as possible to obtain the resources of the carrier and shipper to handle the emergency.
- B. Until representatives of the carrier and shipper arrive at the scene, containment of radioactive materials will be at the discretion of the Responsible Political Sub-division based on advise of the on-scene assessment team (local or SERT), and if requested, in coordination with the Department of Health and Human Services Regulation and Licensure (HHS R&L) technicians.
 1. Depending on the type and quantity of material, the techniques used for containment will be chosen to fit the situation.
 2. Upon arrival of representatives of the carrier and shipper at the scene, containment of radioactive materials should be determined and

accomplished by the carrier and shipper with input from the Responsible Political Sub-division and upon request, from HHS R&L technicians.

- C. The Responsible Political Sub-division will take immediate action to establish decontamination sites for personnel and vehicles, and initiate evacuation procedures as required.

IV. MITIGATION AND RECOVERY

- A. Cleanup can be accomplished by the carrier and shipper or by a cleanup contractor.
 - 1. It is the responsibility of the Responsible Political Sub-division, and upon request, the Department of Health and Human Services Regulation and Licensure (HHS R&L), to determine the intentions of the responsible party in regards to cleanup.
 - 2. If the carrier and shipper decline to assume responsibility for cleanup arrangements, the Responsible Political Sub-division, and upon request, in consultation with HHS R&L technicians, and as required, in coordination with the Department of Environmental Quality (DEQ), shall contract with a cleanup contractor for mitigation and recovery.
 - 3. A local request for an Emergency Declaration must have been granted by, and prior approval must be obtained from the Governor or the Governor's Authorized Representative (GAR) for use of the Governor's Emergency Fund.
- B. The cleanup process should begin as soon after dangers to health, life, and property have been controlled. The Responsible Political Sub-division, and upon request, HHS R&L, in coordination with DEQ, will determine appropriate cleanup actions to be taken.
- C. Upon request from the Responsible Political Sub-division HHSS R&L with the assistance of NDEQ will arrange for a cleanup inspection by qualified personnel.

FEDERAL RESOURCESI. Hazardous Materials Response Unity (HMRU).

The HMRU has specialized sampling, detection and identification capabilities of Nuclear, Biological, and Chemical (NBC) agents and is equipped with a variety of personal equipment.

II. (FEMA) Rapid Response Information System (RRIS).

The RRIS is a database containing information on Federal Nuclear, Biological and Chemical (NBC) response capabilities, agents and munitions characteristics, and safety precautions.

III. U.S. Health and Human Services' National Medical Response Team (NMRT).

The NMRT is comprised of medical personnel. These teams are capable of agent identification, patient decontamination, triage and medical treatment in support of local health systems.

IV. Environmental Protection Agency (EPA)

A. On-Scene Coordinators (OSCs). Under the authority of the National Contingency Plan, the EPA OSCs coordinate all Federal containment, removal and disposal efforts and resources during an incident. EPA OSCs work with State, Responsible Political Sub-division Authorities, and private responders to protect human health and the environment.

B. Radiological Emergency Response Team (RERT). The EPA's RERT can provide on-site monitoring and mobile laboratories for field analysis of samples, along with expertise in radiation health physics and risk assessment. The RERT is available 24 hours per day.

C. Environmental Radiation Ambient Monitoring System (ERAMS). The EPA operates the ERAMS for monitoring radioactivity in samples of precipitation, air, surface water, drinking water, and milk.

D. Radiation Environmental Laboratories. The EPA has two state-of-the-art radiological laboratories in Montgomery, AL and Las Vegas, NV. By quickly characterizing radiation sources, they can offer advice on how best to protect public health in emergency situations.

V. Department of Energy (DOE)

- A. Radiological Assistance Program (RAP). The RAP provides the initial DOE radiological emergency response. Under the Radiological Assistance Program (RAP), there are several Radiological Assistance Program (RAP) Teams to assist in identifying the presence of radioactive contamination on personnel, equipment and property at the accident or incident scene. These teams also provide advice on personnel monitoring, decontamination, and material recovery. Assistance from the DOE RAP team out of Chicago, IL should be requested at (630) 252-4800 where it appears that radioactive materials may have been released during a transportation accident involving nuclear weapons.
- B. Radiation Emergency Assistance Center/Training Site (REAC/TS). The REAC/TS provides 24-hour medical consultation on health problems associated with radiation accidents. It also provides training programs for, and emergency response teams comprised of health professionals.
- C. Nuclear Emergency Support Team (NEST). The NESTS are located in every DOE Region and provide technical response to the resolution of incidents involving improvised nuclear devices (INDs) and radiation dispersal devices (RDDs). The teams are able to search, locate, and identify devices or material.
- D. Aerial Measuring System (AMS). The AMS provides helicopters and fixed wing aircraft to respond to radiological emergencies. Its capabilities include aerial radiation surveys and search (gamma spectroscopy), real-time radiological aerial sampling, aerial photography survey, and aerial multi-spectra scanning surveys.
- E. Atmospheric Release Advisory Capability (ARAC). The ARAC provides real-time computer predictions of the atmospheric transport of radioactivity from the nuclear accident or incident.
- F. Federal Radiological Monitoring and Assessment Center (FRMAC). The FRMAC coordinates Federal off-site radiological monitoring and assessment activities for a nuclear accident or incident.
- G. Accident Response Group (ARG). The ARG is the technical response group for U.S. nuclear weapons accidents. The team provides equipment and technical assistance for weapon damage, risk assessment, safe recovery, packaging, transportation, and disposal of damaged weapons.

VI. Additional Federal Resources, that are available, are listed in the National Response Plan (NRP).